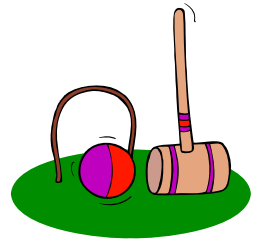


All Sports Camp 2006



IMPORTANT INFORMATION!
PLEASE READ AND SAVE!



Camp Dates:

June 26 to June 30
9:00 a.m. – 12:00 p.m.

Camp Location:

Dixon Park/ Walker Grant Middle School

Registration:

City March 28 to June 15
Non City– April 4 to June 15
(Registration limited to 60 participants)



Ages:

The All Sports Camp is for children age 8 to 15. No age waivers will be allowed. The age determination date is August 1, 2006. The participants will be split into their appropriate age and skill groups once the camp begins.



Staff:

There will be program coordinators and aides to teach and advise the participants for each sport.

The Camp:

The All Sports Camp is designed to increase the participants' skills and knowledge in a fun and non-competitive environment in a variety of sports.

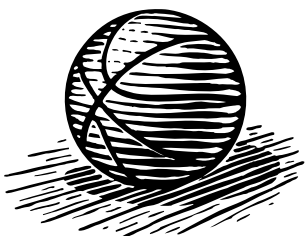
Fee:

\$30 City/\$50 Non-City
\$10 Late Fee after June 15



Sports Included:

Basketball, baseball, softball, tennis, ultimate frisbee, soccer, lawn games and many more.



ALL SPORTS CAMP REGISTRATION

Summer 2006

NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____ (as of 8/1/06) GENDER: ☐ M ☐ F
mo/day/year

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S DAY PHONE: _____

EMERGENCY CONTACT (NOT PARENT):

NAME: _____

PHONE: _____

Please circle what level your child is in swimming. 0 meaning they are scared of the water/don't know how to swim to 5 meaning they compete on a swim team and love the water. If weather permits, we will have a water day.

0 1 2 3 4 5 Additional comments: _____

ATTENTION: Does your child have any physical disability, allergies, medication or facts of which we need to be aware?

☐ NO ☐ YES If yes, please explain: _____

T-SHIRT SIZE:

YOUTH: ☐ M ☐ L ADULT: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

Parent or Legal Guardian

Date

Fee: \$30 City/ \$50 Non-City

Registration Dates:

City March 28-June 15

Non-City April 4 - June 15



There will be a \$10 late fee after June 15

Birth Certificate required at registration

FOR OFFICE USE ONLY:

DATE: _____ AMOUNT RECEIVED: \$ _____ RECEIPT #: _____

D.O.B. _____ VERIFIED BY: ☐ New ☐ BC List STAFF INITIALS: _____

AGE WAIVER? _____ FEE WAIVER? _____ AGE WAIVER FORM ATTACHED? _____